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in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Yuma</u>				BUREAU OF VITAL STATISTICS.			
District of <u>Eslobo</u>				State Index No. <u>83</u>			
Town of <u>Eslobo</u>				ORIGINAL CERTIFICATE OF BIRTH.			
or City of <u>Eslobo</u>				Co. Register No. <u>95</u>			
				Local Registrar's No. <u>78</u>			
(No. _____ St. _____ Ward _____)							
FULL NAME OF CHILD <u>John Smith</u>				{ Born } YES			
				{ Alive } NO			
If child is not named, make Supplemental Report on blank obtainable from local registrar.							
Sex of Child	<u>Male</u>	Twin, Triplet or other	<u>✓</u>	and	Number in order of birth	Legitimate	Date of Birth
							<u>May 27</u> 191 <u>2</u>
							(Month) (Day) (yr.)
FATHER				MOTHER			
Full Name <u>Geo. B. Smith</u>				Full Maiden Name <u>Estel Hendon</u>			
Residence <u>Cor. Bailey &amp; 4th</u>				Residence <u>Dana</u>			
Color or Race <u>White</u> Age at last Birthday <u>29</u> (Years)				Color or Race <u>White</u> Age at last Birthday <u>20</u> (Years)			
Birthplace <u>Wilmington Ohio</u>				Birthplace <u>Rome Mo.</u>			
Occupation <u>Clerk</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of above child; and that it occurred on <u>May 27</u> 191 <u>2</u> , at <u>8 P.</u> M.							
{ *When there is no attending physician or midwife, then the householder should make this return. }				(Signature) <u>C. J. Stinson</u>			
				(Attending physician, midwife, householder,*)			
Given or christian name added from a				Address _____			
supplemental report _____ 191 <u>2</u>							
128-527-585				Filed <u>May 31</u> 191 <u>2</u>			
COUNTY REGISTRAR				A True Copy			
				B. G. Fox LOCAL REGISTRAR			
				B. G. Fox MD COUNTY REGISTRAR			